Area Staff Strategic Plan

For the
Indian Health Service
Bemidji Area Office Staff

2002-2005

Bemidji Area Indian Health Service
522 Minnesota Ave., NW
Bemidji, MN 56601

This Strategic Plan was developed by the Bemidji Area Office staff of the Indian Health Service. It is intended to assist as a tool for continued planning and implementation of strategic initiatives and programs.

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I.   Introduction

The Indian Health Service (IHS) is a federal agency within the Department of Health and Human Services. It has primary responsibility to carry out the federal trust responsibility to provide health services to American Indians and Alaska Natives (AI/AN). Administratively, the IHS is divided into 12 Area Offices geographically distributed through-out the United States.

The Bemidji Area of the IHS is responsible for the states of Minnesota, Wisconsin and Michigan. There are 34 tribes and 5 urban Indian health providers within these three states receiving financial or administrative support through the IHS.

The Bemidji Area has been a leader in promoting consultation among the IHS, tribal, and urban (I/T/U) leadership for planning purposes. In 1993, the Bemidji Area consulted with tribes in the development of a strategic plan. Again, in 1997, as the Area Office faced major cutback and reductions, the I/T/U's were asked to participate in a restructuring Work Group for purposes of developing a strategic plan.

Now the Area Office is once again asking tribes to assist in developing a strategic plan. The I/T/U session to develop this plan is scheduled for October 23, 24, 2001 in Green Bay, Wisconsin. In addition to that, the Area will for the first time involve the entire Area Office staff in the development of their own strategic planning. This document represents the work of Bemidji Area staff to define their future operations at the Area Office.

Facts about the Bemidji Area
- Covers 3 states
- Includes 34+ tribes (more coming), 14-15 awaiting recognition and 3 are close
- Includes 5 urban Indian health programs
- Includes 5 alcohol and substance prevention and treatment programs
- Includes 3 IHS Service Units
- There are 7 tribes that are "self-governance" among the 34+ tribes
- 17 tribes have taken (some) tribal shares out of the Area Office
- There are 2 consortiums providing administrative support, the Great Lakes Intertribal Council in Wisconsin and the Michigan Intertribal Council

II. Revisiting the 1997 Strategic Plan

In 1997 the Area Director convened a "Restructuring Work Group" to provide guidance and assistance to the Area regarding the federal cutback and redesign which was occurring at that time. The Work Group was composed of tribal representatives, IHS officials and urban Indian health providers (I/T/U's). The group was asked to answer the question, "What is the administrative support structure needed to continue and enhance health services in the Bemidji Area in the future?". To conduct their work, the group engaged in a facilitated strategic planning process, which identified their shared vision for the future, barriers, strategic directions and a more detailed implementation plan.

One of the fundamental first steps undertaken by the Work Group was to identify their "Guiding Principles". These guiding principles helped shape the tone of their discussions.

- Patient care comes first
- Tribal Sovereignty
- Federal Trust Responsibility
- Be customer centered
- Focus on health
- Cultural sensitivity
- Empowerment and adaptability
- Treat employees fairly
- Excellence
- System-wide simplification
- Full disclosure and consultation
- Respect for diversity of the Bemidji I/T/U system

Based upon these guiding principles, the I/T/U Restructuring Work Group then developed a "shared vision" for the future of the Bemidji Area. Their statement is as follows:

"In partnership and collaboration with tribes and in respect for the diversity of the I/T/U systems in the Bemidji Area, we envision a continued presence of the Bemidji Area Office which will continue contract oversight, budget formulation, advocacy for increased funding on behalf of I/T/U's and other inherent federal functions or legislative mandates; and will develop effective ways of doing business to meet the needs of I/T/U's based upon and as determined by tribal share investments, to include the following:
- *Coordinate public health functions with I/T/U's;*
- *Assist I/T/U's with human resource recruitment, retention, and development;*
- *Communicate with I/T/U's using compatible systems and a rational, state-of-the-art, interactive MIS;*

- ***Be an advocate in assisting and supporting the collaboration of I/T/U's in dealing with Federal and State issues, so that Indian tribes and communities will have access to all federal health dollars available to them and to serve as a clearinghouse for technical assistance to meet the changing needs of the I/T/U's."***

To achieve this vision for the future, and in consideration of the numerous obstacles and barriers which stood in the way, the Work Group identified four major strategic directions which would set the course for future planning. Those four major strategic directions included:

- Design a new competitive business oriented paradigm for I/T/U's

- Uphold tribal sovereignty and federal trust responsibility;

- Develop a system for on-site technical assistance that makes effective use of limited resources;

- Establish a process for ongoing assessment, planning, implementation, and evaluation with I/T/U's

These four major areas provide the framework around which implementation planning was developed. The Work Group identified numerous measurable activities and objectives which could be achieved in each of the four areas. Their Implementation Plan and the progress that was achieved in each area is described below.

1997 Implementation Plan Update	
Design a new competitive, business oriented paradigm for I/T/U's	**Progress to date**

Beginning October 1, 1997
• Establish a workgroup for I/T/U reps to develop needs assessment on business capabilities and personnel
• Establish MIS workgroup
Beginning January 1, 1998
• Implement the business and MIS capability assessment locallyu
• Seek input from I/T/U's regarding policy changes
Beginning April 1 1998
• Develop and prioritize plan to enhance business capabilities of all I/T/U's
Beginning July 1, 1998
• Evaluate and reassess as needed
	✓ 1999 MIS workgroup sanctioned by Tribal Advisory Board
	✓ 1999 Needs Assessment Done
	✓ Barriers Experienced
	    - Hardware/wiring not there
	    - Tribal buy-off on plans (ongoing process)
	    - Local turn-over
	✓ Area put in writing what services they will provide re. MIS
	✓ Area has continued to deliver service even when tribe takes shares

Uphold tribal sovereignty and federal trust responsibility	**Progress to date**
Beginning October 1, 1997 • Tribal leads education campaign targeting local, state, federal officials; • Area Director and tribal leaders meet with state health and legislative officials; • Area Director updates tribal leaders at least quarterly; • IHS HQ summarize legislative, policy issues Beginning January 1, 1998 • Hold meetings with state and legislative officials; • Quarterly briefings by AD continues; Beginning April, 1998 • Meetings with federal officials from Region V held.	✓ BAO co-sponsored meeting with State of MN (all levels) about Tribal Sovereignty and Federal Responsibility ✓ Tribes actively working with states (Wisconsin, Michigan, Minnesota leaders meet regularly) ✓ A.D. and tribal representatives gave in-service to Region V ✓ Work with State to I.D. state liaison position, mostly with Medicaid ✓ Tribes in 3 states hold legis. Dinners each year ✓ Minnesota Indian Chairman's Association and Minnesota Indian Affairs Council advise state
Develop a system for on-site technical assistance	**Progress to date**
Beginning October 1, 1997 • Develop needs assessment of TA needs and resources; • IHS/BAO works with I/T/U system to define priorities for TA, parameters of	✓ Each department ✓ ½ K training ✓ Problems - Those tribes that take shares and still need TA

public health issues, and reach consensus on Area residual functions Beginning January 1, 1998 • Identify training needs, prioritize, and schedule • I/T/U's and Area advocacy with states on state health plans and increased billing revenues Beginning April 1, 1998 • I/T/U's and Area identify people by function at Area level • Continue needs assessments on TA Beginning July 1, 1998 • Provide training on history of Indian health, budget process, sovereignty • Train state officials on same issues	- Tried to work with tribes leaving shares to meet their needs, to prioritize their needs ✓ 1997 Formed self-determination team meeting monthly re. I/T/U issues and response – more of a "team focus" ✓ Prototype Area Master Plan "Business Plan"
Establish ongoing assessments, planning, implementation and evaluation	**Progress to date**

Beginning July 1, 1997
• Share Redesign Plan with tribal leaders
• AD meets with individual tribes
• Restructure Work Group continues
• Redefine BAO mission wit tribes
• Distribution plans for 100% shares
Beginning October 1, 1997
• Planning, consultation with consortia
• Quarterly meetings of Workgroup
• Final Plan adopted by tribes
Beginning April 1, 1998
• AD and Work Group review the Strategic Plan for amendments
	✓ All tribes received plan
	✓ Shares letter from Area
	✓ Planning and consultations
	   - 2 all I/T/U per year
	   - Quarterly Tribal Advisory Board
	   - Annual budget formed
	   - Annual pre-negotiation meeting
	   - And other groups: Great Lake Intertribe, MN Alliance of Sovereign Tribes
	
	✓ Review of plan 1997, 98, 99 with every tribe –
	✓ AD meets with each tribe at least once in 3 years

III. Understanding the Environment

There have been significant changes in the field of Indian health nationally. For the Bemidji Area Office, these changes have had dramatic impacts on the size, function and organization of the office. The Area Office has been impacted by changes at the headquarters level of IHS, as the national office downsizes and functions are forwarded to the Area level. The Area Office has been impacted by the reductions in funding resulting from removals of tribal shares from the Area budget.

Facts about the work that is performed by the Area Office
- Networking with a wide variety of folks
- Manage the 3 IHS Service Units
- Resource allocation
- Advise and educate
- Technical Assistance (TA) and Computer assistance
- Budget formulation in consultation with I/T/U's
- Consultation with tribes on a variety of topics
- Research and evaluation support
- Negotiation of contracts and compacts
- Computer training
- Hiring and personnel process for all federal employees
- Help tribes obtain outside resources
- Manage Human Resources for 457 total IHS employees
- Dissemination point for information
- Respond to all inquiries
- Respond to members of Congress
- Manage construction projects
- Program reviews conducted
- Award contracts
- Recruiting and retention point for professional employees (Federal and Tribal)

Changes observed by staff in the last 4 years
- Tribes deciding on construction issues rather than the IHS
- Contracting went from structured and clear to flexible and "gray"
- CHS eligibility issue is now starting to change at tribal level
- Tribes more involved in budget formulation
- IHS has gone from leading the way to following or collaborating
- Questions harder to answer, need legal help more often
- Service delivery priorities need to "step out of box" to reassess effectiveness
- Confusion among Area staff about which services are to be provided to which tribes, given removal of shares by ½ the tribes.

- Tribes not required to report data, but Area is required to report data, very difficult.
- Confusion about who does which task due to downsizing at Area Office
- Structure of the office has changed
- More requests for Area staff to participate on national Workgroups for HQ
- More cross training than before
- Time keeping and leave has changed
- Increased environmental laws and requirements for construction
- Role of HQ changed drastically (reduced services), and shifting to Areas
- Financial management system changed to an unreliable system
- Increased external demands on staff
- Now have department budget inside Area, i.e. travel
- Increased workload with focus on travel and meeting coordination
- Becoming "multi-tasked" and overwhelmed
- GPRA requirements complicates services and reporting
- Becoming generalists
- From directive management style to consultation style
- More travel for some, less for others
- Purchasing is easier with cards issued
- More use of technology with email, and ARMS
- Tribes designing own programs
- Role of IHS changed to "empowering" tribes, and IHS more involved in conflict negotiations and increased consultation and helping to build infrastructure.
- Greater diversity and disparity among the tribes served based upon the aggressiveness of each tribe
- Tribes funding bigger percentage of their programs from non-IHS sources
- Hard to keep pace with technology changes

IV. OUR SHARED VISION

The Bemidji Area staff were asked to engage in discussion about the future of their office. Specifically, the Area staff were asked to answer this question:

"What do we want to see in place at the Area Office in four years?"

Through a highly participatory process, the Area staff reached consensus on a vision for the future which contains four major components. Those are described below:

OUR SHARED VISION:

Respect and Accommodation for quality and competent staff….

- *Competent and quality Human Resource management system;*
- *Employee friendly facilities*

Effective Communications….

- *Improved communication and orientation within the Area Office;*
- *Clear communication internally and externally regarding the roles and responsibilities for specific programs, functions, services and activities.*

Effective and accessible support systems….
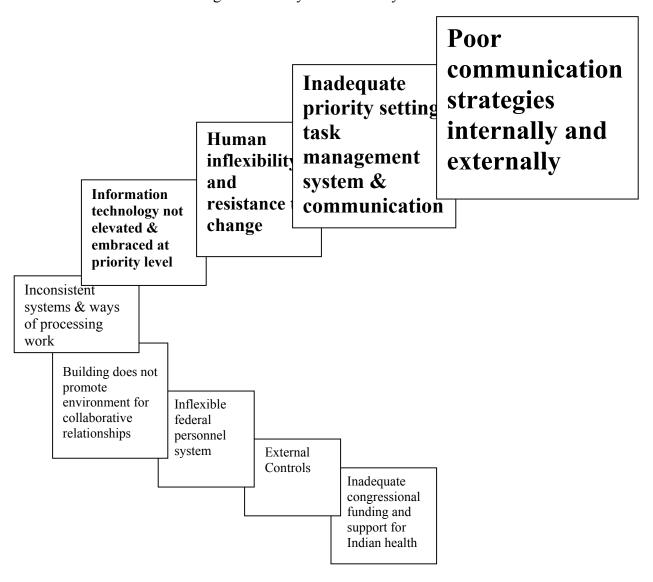
- *Technology systems coordination and training;*
- *Access and training for online budget and integrated financial management systems;*
- *More efficient and effective internal management systems*
- *Better, clearer systems and relationship with the Aberdeen Area Office*

National involvement and leadership …

- *Advocacy and leadership on national health issues and funding*

V. CHALLENGES AND BARRIERS

To achieve the stated vision for the future BAO office, it is necessary to recognize the challenges and barriers which prevent or impede progress. The Area Office staff identified nine (9) specific barriers. These are described below in order of the most immediate barrier to the last barrier. By sorting the barriers in this fashion, we can see which barriers should be addressed first, second and so on. The most immediate obstacle is "Poor communication strategies internally and externally".

Poor communication strategies internally and externally

Inadequate priority setting, task management system & communication

Human inflexibility and resistance to change

Information technology not elevated & embraced at priority level

Inconsistent systems & ways of processing work

Building does not promote environment for collaborative relationships

Inflexible federal personnel system

External Controls

Inadequate congressional funding and support for Indian health

Discussion of Challenges and Barriers

The challenges and barriers identified by the Area Office staff are not insurmountable. These barriers simply represent a realistic understanding of the challenges ahead, and the need to carefully craft strategies which will circumvent or overcome each of the barriers. Some of the stated barriers are inherent difficulties when creating "change" in an organization. Other barriers reflect structural or infrastructure weaknesses in the environment. Still other barriers suggest the need for systems changes and improved organizational processes and procedures.

- Poor communication strategies internally and externally:

- Inadequate priority setting, task management, system and communication:

- Human inflexibility and resistance to change:

- Information technology not elevated and embraced at a priority level:

- Inconsistent systems and ways of processing work:

- Building does not promote environment for collaborative relationships:

- Inflexible federal personnel system:

- External controls:

- Inadequate Congressional funding and support for Indian health:

VI. STRATEGIC DIRECTIONS

Nine (9) individual "strategies" were identified by the Area Staff. These strategies fall into three general "strategic directions". Each of these strategies will provide a means for Area Staff to address the challenges and obstacles and move closer to achieving their shared vision for the future. The three strategic directions are (1) Toward effective and participatory personnel systems; (2) Toward making a difference through our workforce; and (3) Toward infrastructure upgrades.

Develop Training & Coordination for Area Office Staff	**Participatory, Informed and Involved Approach to Management**	**Advocate for Improved, Effective Personnel Systems Internally and Externally**	*Toward …* *Effective and Participatory Personnel Systems*
Streamline Workload and Process	**Develop a Priority Setting System and Process**	**Advocacy on National Issues**	*Toward …..* *Making a difference through our workforce*
Update In-house Communica-tions	**Effective, Compatible, Consumer Driven IT Systems**	**Examine and Redesign Facility Space Utilization**	*Toward ….* *Infrastructure Upgrades*

VII.   IMPLEMENTATION PLANS

Each of the nine strategies are identified in these Implementation Plans with more detailed and specific actions, initiatives and projects. These tables are intended to be used, monitored and modified as needed by Area Office staff as strategies are implemented and achieved. This Implementation Plan should not be a "static" document, but is intended to dynamic and ever-changing as plans are developed and amended.

Toward Effective and Participatory Personnel Systems . . .

Establish an Area office Training Coordinator

Time	Action	Who?
2002	**Conduct Training Survey** *** All types of training** • **I.T.** • **Personnel Improvement** • **Policy and Procedure**	**Personnel**
2002	**Re-describe current Personnel Position to include training Coordinator duties** **(With promotion to next grade)**	**Lena**
2003		▪
2004		▪
2005		▪

More Participatory, Informed, Involved Approach to Management

Time	Action	Who?
April-June 2002	Monthly updates on RIW, BP & ISAC	Dr. A.
July-Sept 2002	Circulate HHS Reorg. Plan and President's initiative Share Budget Info More involvement Mgt Team	Dr. A. Donna Fuller
Oct-Dec 2002	At general staff meeting, set aside time to identify and address change Form Small Task Force to raise staff issues and concerns	Dept. head hosting meeting
2003		
Jan-March 2003	Identify any tribes potentially taking additional shares Proposed Budget discussion	OSD & EXO
Apr. – Jun. 2003	Address the changes in the new finance system and how it affects the area	Bob A. & Paul L.
July-Sept 2003	Determine the PFSA's retained/taken by Tribe's & how area will be affected	OSD & EXO
Oct. – Dec. 2003	Deal with restructuring resulting from RIW, BP & ISAC utilizing participative mgmt. approach	OSD, EXO, OCS, AD
2004		

Jan. – Mar. 2004	Move area office to Ballclub	
Apr. – Jun.2004	Move area office to Ballclub	
Jul. – Sept. 2004	Move area office to Ballclub	
Oct. – Dec 2004		
2005		
Jan. – Mar. 2005		
Apr. – Jun.2005		
Jul. – Sept. 2005		
Oct. – Dec 2005		

Improved, Effective Personal Systems Internally and Externally

Time	Action	Who?
April-June 2002	Workload & work process analysis And space	Jenny, Vic,, Louis, Charlene
July-Sept 2002	Explore other Agencies Personnel Policies (other Federal Agencies)	Multi-Task Workgroup
Oct-Dec 2002	Professional Training on How to Write Performance Standards/Fill open Positions	Doris Personnel
2003		
Jan-March 2003	Implement Explicit Performance Standards * Investigate Options on Piloting Alternative Personnel System	Doris Workgroup
Apr. – Jun. 2003	Develop resource handbook on Employment Options within I.H.S. (CO – vs. – Civil Service	Tony, personnel & Leah
July-Sept 2003		
Oct. – Dec. 2003		
2004		
Jan. – Mar. 2004		
Apr. – Jun.2004		
Jul. – Sept. 2004		
Oct. – Dec 2004		
2005		
Jan. – Mar. 2005		
Apr. – Jun.2005		
Jul. – Sept. 2005		
Oct. – Dec 2005		

Toward Making A Difference Through Our Workforce . .

Streamline Workload and Processes

Time	Action	Who?
April-June 2002	1. Area Dir. Approval – develop Plan and cost estimates 2. Identify/Selection of consultant • Develop team to instruct Consultant	BAO
July-Sept 2002	3. Analysis of workload/Work Process **A.** Analysis Dept. policies that create barriers working with other dept.	
Oct-Dec 2002	6 mo. Final report	
2003		

Jan-March 2003	4. Based on final report identify and establish a Task force(s) for specific barriers
	    A. identify cross-functional duties
	    B. Streamline workload	

Apr. – Jun. 2003	**C.** eliminate processes and duties considered non-productive or non-essential	
July-Sept 2003	5. Preliminary Implementation (trial process)	
Oct. – Dec. 2003		
2004		
Jan. – Mar. 2004	Workload and Process Completed Begin process of evaluation for possible adjustments	
Apr. – Jun.2004		
Jul. – Sept. 2004		
Oct. – Dec 2004		

Advocacy on National Issues

Time	Action	Who?
2002	Bemidji Area representation on all Nat'l Workgroups (continuing) MAST Impact	Tribes/BAO KA/NM
2003	MAST (Meet regarding National Issues) GLITC MITC MINN Tribes	On-going ITA NM Others depending on issues
2004	NCAI (Participation With) NIHB SGAC Urban	All Tribes
2005		

Develop Priority Setting Systems and Process

Time	Action	Who?
April-June 2002	General Staff Meeting to review mission and goals Bemidji Area Post – each floor & Bemidji Home page State intent of process	OAD Office Services
July-Dec. - 2002	1st year 3 priorities from each department to be presented at General staff mtg.	All Branches
2003		
Jan-March 2003	2nd Year Outside consultant for training on Priority setting review criteria PAS should reflect priorities as much as possible	Hey Victor
Apr. – Sept. 2003	Implement training recommendations at general staff mtgs. Report out on prior year priorities (outcomes)	
Oct. – Dec. 2003	Evaluate	
2004		
Jan. – Mar. 2004		
Apr. – Jun.2004		
Jul. – Sept. 2004	Continued Evaluation	
Oct. – Dec 2004		
2005		
Jan. – Mar. 2005	Continue Branch Exchanges	
Apr. – Dec. 2005	Review/request change/recommend change	

Toward Infrastructure Upgrades . . . . .

Effective, Compatible, Consumer-driven I.T. Systems

Time	Action	Who?
April-June 2002	1. Remote Access Training Practice-Area 2. BAO survey of IT needs update, incl. training (suggestion box) 3. Two supervisors/users trained in phone system – do training, TA & troubleshooting	1. Rich and staff OEH 2. Dept. supervisors/MIS 3. Clerical staff to be determined MIS Paul Bunyon Telephone
July-Sept 2002	▪ Schedule IT training/practice(annual) ▪ Every staff mtg. supervisors demonstrate a different function ▪ Office 2000 implemented/windows 2000 ▪ Inventory survey ▪ Video conferencing - ▪ All	▪ Site manager (?) ▪ Supervisors ▪ Site Manager ▪ MIS ▪ MIS/CL/Site
Oct-Dec 2002	▪ See Tribal Needs Assessment ▪ BAO Web Access by our customers – Decision Point – What's on the web page link	▪ Management Team ▪ Donna Fuller
2003		
Jan-March 2003	▪ Strategic Plan for I.T. Developed	▪ MIS/ISAC/HTM/OCS
April 2003 – Dec 2005		▪
April 2003 – Dec 2005	▪ Implement strategic plan	▪

Examine and Redesign Space Utilization

Time	Action	Who?
April-June 2002	Convert Radiology to Exercise Radiology to 3rd floor (Jim Perman's Office) Convert 1st Floor Conference to Break Review P.A. System and Correct	
July-Sept 2002	Contract for Collaborative Review of Functions	
Oct-Dec 2002	Establish Budget for Improvements (furniture, paint, carpet, etc.) Committee to review Contractor Report and Improvement Needs	
2003		
Jan-March 2003	Move or Improve	
Apr. – Jun. 2003	3 Season Enclosed Break Room on Loading Dock	
July-Sept 2003	Close Central School Use Parking Lot	
Oct. – Dec. 2003		
2004		
Jan. – Mar. 2004		
Apr. – Jun.2004		

Time		
Jul. – Sept. 2004		
Oct. – Dec 2004		
2005		
Jan. – Mar. 2005		
Apr. – Jun.2005		
Jul. – Sept. 2005		
Oct. – Dec 2005		

Revamp the In-House Communication Systems

Time	Action	Who?
April-June 2002	Hire receptionist (3/02) Set-Up Comm. Workgroup(phone study, newsletter,, mtg. mins.)	Mona Dr A.
July-Sept 2002	Purchase/Install bulletin boards for general purpose use (sales, Pow Wows, etc) (in copy rooms) Qtrly Comm. WG W/Mgmt Team	Office Services WG/MT
Oct-Dec 2002	Put newsletter on web site Reconvening QWL (seek input from all staff)	? Dr. A/QWL
2003		
Jan-March 2003	Newsletter; Hold Comm. Training Qtrly Comm. WG W/MT	
Apr. – Jun. 2003	Newsletter Qtrly Comm. WG W/MT	
July-Sept 2003	Newsletter; Hold Comm. Training Qtrly Comm. WG W/MT	
Oct. – Dec. 2003	Newsletter; Hold Comm. Training Qtrly Comm. WG W/MT	
2004		
Jan. – Mar. 2004	Newsletter; Hold Comm. Training Qtrly Comm. WG W/MT	
Apr. – Jun.2004	Newsletter; Hold Comm. Training Qtrly Comm. WG W/MT	
Jul. – Sept. 2004	Newsletter; Hold Comm. Training Qtrly Comm. WG W/MT	
Oct. – Dec 2004	Newsletter; Hold Comm. Training Qtrly Comm. WG W/MT	
2005		
Jan. – Mar. 2005	Newsletter; Hold Comm. Training Qtrly Comm. WG W/MT	
Apr. – Jun.2005	Newsletter; Hold Comm. Training Qtrly Comm. WG W/MT	
Jul. – Sept. 2005	Newsletter; Hold Comm. Training Qtrly Comm. WG W/MT	
Oct. – Dec 2005	Newsletter; Hold Comm. Training Qtrly Comm. WG W/MT	

ATTACHMENTS

VISION WORKSHOP NOTES

CHALLENGES AND BARRIERS WORKSHOP NOTES

STRATEGIC DIRECTIONS WORKSHOP NOTES

Competent and Quality H.R. System		Employee Friendly Facilities	Improved communication and orientation	Clarify & communicate specific PFSA roles & responsibilities intern. & extern.	Technology systems coordination and training	Access & training for online budget & integrated financial mgmt. system	More efficient and effective internal system	Advocacy & leadership on national health issues and funding	Better systems relationship with Aberdeen
Successor Planning	That we are employed	Employee lounge	Improve communication within area. Staff to staff to management	Role defining	Standardize RPMS with tribes	Integrate financial information (share)	Standardize processes	CHS dependent programs have adequate resources	Become a real Area Office
Streamline Personnel	Increase NA's in our health profession	Parking	The need for all depts. to understand what each other dept. does (duties & responsibilities)	Define/focus on services we can actually provide well (quality not quantity)	RPMS – current tech. meets needs of I/T/U's	Integrated finance system	Better records management	Website access of legal opinion	Self-sufficient service units
Speed up hiring process	Flexible positions generalists vs. specialists	Better office temperature control	Integrated current administrative systems	Responsibilities with shares	RPMS coordination (training/TA)	Real-time budget	Task Order system	IHS prevention model is national model	Less dependent on Aberdeen
Career development	Utilizing of Manpower more efficiently!	Exercise equipment room	Communicate better	Centralized negotiation duties	More video-conferencing	Dept. budgets – Depts. Properly trained	Increase purchase authority with increased accountability	IHCIA reauthorization	
Staff career development	Institutional knowledge record/plan	Location of area in Bemidji or out (resolved)		All new tribes in the system and being served	Standardize area computers (all at once)				
Orientation	Making hiring process comparable to private sector	Adequate parking		BAO downsized/ redesigned	State of the art office equipment				
Retirement Buy-out				Public health nurse expertise – new tribes	State of the art computer systems with training				
				Clearer/ specific role definition	I.T.U. "standardized" systems				

OBSTACLES WORKSHOP NOTES

Poor communication strategies int/ext	Inadequate priority setting task mgmt. system & communica-tion	Human inflexibility & resistance	I.T. not elevated & embraced to priority level	Inconsistent systems & ways of processing work	Building does not promote collaborative environment (relationships)	Inflexible fed personnel system	External cont5rols	Inadequate congressional funding & support for Indian health
Delayed communication	Fragmentation -vision -policy -priorities -unfocused	Complacency -comfort level established, stay the course	No training to keep up with fast changing technology	Standardized systems not in place	City parking policy	Manpower shortage	Excessive bureaucracy	Inadequate resources for new tribes staffing expertise
Poor communication - Misconceptions - Resistance to change - Encrusted in tradition	Conflicting priorities	Individual attitude/style	Insufficient info. on technology info.	Systems complexity	GSA – own agenda	Unfilled positions	Difficult to change base systems – other factors interfere	Inadequate training/ orientation for new health directors
Team work no coordination	Reactive vs. proactive	Fear of change	RPMS is not accepted as the best	Aberdeen uncooperative – has their own policies & procedures	GSA realty	Flexible personnel system	Outdated regulations	Too easy to leave some tribes behind
Knowledge of others duties/ positions	Multiple demands at once	Staff committed to traditional roles	I.T. is not treated as a major business decision			Salaries not competitive with private sector for many positions	Regulations -affect multiple goals -self explanatory	Trying to fit national budget into local needs
Supervisors & colleagues not keeping staff informed	Work load distribution too much	Too many cooks	Changing environment technology				Out dated personnel regs.	IHS not an entitlement
Skepticism of our intentions	Unplanned deadlines							
Awareness of dept. functions	Time (not enough)							
We don't market ourselves well	Disorganized approach							
Consistency of message between								

BEMIDJI AREA OFFICE STRATEGIC PLAN 2002- 2005

areas & tribes & headquarters								

Develop Training Coordination for Area Office	Streamline Workload and Process	Update In-House Communication	More Participating Informed & Involved Approach to Management	Advocate for Improved, Effective Personnel Systems Internally and Externally	Effective, Compatible, Consumer Driven IT Systems	Examine and Re-design Facility Space Utilization	Advocacy on National Issues	Develop Priority Setting System/Process
Training Coordination, i.e. People skills, information technology	Cross-functional duties w/o territorial risks	Identify communication strategies	Involve staff in all stages of change (Input & Buy-in)	Performance standards explained and tied to goal	Strategic Plan for IT	Good break room	Educate local congressman	Priorities set-Standards developed
	Workload and work process analysis	Information "bottle-necks" occur -need back-up plans	Explain need for change-understand	Self-evaluation	Info Tech – invest in updated equipment and software	Good furniture, well-lit, paint as needed, etc…	Continue to partner with tribes on Federal budget formulation	Define and share goals for all staff
	Process analysis to improve work flow	Develop new or better methods for communicating with staff (mand. Email, better P.A.)	Resistance - Include staff effected by change in decision making process	Fill open positions	IT training throughout office	"Inviting" break room on 1st floor	External Control. Seek to stop unreasonable fed travel oversight	Need cross-directional priority setting procedure
	Remove policies that conflict with other Dept/ policies (Fin vs. Per)	Building will grow with communication practices	Seek (alternatives) – involve people in change ideas	Available personnel hiring features need to be utilized	More IT training	Informal common area (Aesthetically pleasing, comfortable)		Delegate prioritizing to lowest effective level
	Schedule-external crisis	Need to be more sensitive in manner of communication. Don't sit on	Stop saying no (can't do)	Work with Aberdeen to help them become more	Link for video conferencing	Enhance office/people's health activities		

		Don't sit on information and hold others responsible for not knowing.		more flexible (personnel)				
	Establish task force(s) for specific barriers	For planning-weekly/monthly meeting department	Accountability to change	Pilot an alternative personnel system	Needs assessment for IT (with response)	Improve building P.A. system so all staff can hear.		
		Area newsletter with input from all departments	Minimize or no micro-management	Explore other agencies personnel policies	All staff and SU have compatible IT systems (email & software)	Freedom to re-arrange office to improve collaboration		
		Area office E-newsletter (Assign person)			Quality training for staff to produce IT priority level	Basement exercise room		
		Cross coverage for voice mail			Remote email access			
		Minutes of general staff meetings			Maximize video-conferencing			
		Better telephone usage (training)						
		Monthly dept. head meetings for better trickle down of info						
		Mandatory communications skills training for all staff (no exceptions)						
		<u>Contract</u> Establish a consumer affairs person/office						
		Access to area						

		web page to allow staff to input comments and remain anonymous					
		Teams/Alternates No one person holds all information					
		Information center (bulletin board)					
		Up to date external email addresses					